



MCDB WORKGROUP FOR REPORTING UTILIZATION BY RACE, ETHNICITY, AND LANGUAGE

**Maryland Health Care Commission
November 7, 2013**

OVERVIEW

- Introductions
- Current practices
- MCDB Eligibility File Layout
- Imputation methodologies
- Setting thresholds
- Next Steps

CURRENT PRACTICES

- Of 19 payors surveyed, all but 3 payors (1 entity) responded to survey
- Among payors who responded (16):
 - **REL Campaigns are the norm**
 - Only 2 payors with small number of covered lives do not have or plan to have active REL Campaigns
 - Campaign details were not asked in survey
 - **Use of an algorithm for indirect assignment of REL data is the norm**
 - Only 2 payors with small number of covered lives do not use or plan to use algorithms
 - Algorithm details and validation efforts vary

ELIGIBILITY FILE LAYOUT – REL REPORTING

- **Changes made to collect both direct and indirect REL data**
- Collection of Enrollee Race-Direct (#8)
 - Direct reporting only
- Source of Reporting Enrollee Race (#9)
 - Direct or indirect reporting
- Probability of Race Assignment (#10)
 - Indirect reporting only
- Enrollee OMB Race 1 (#11)
 - Direct or indirect reporting
- Similar fields for Ethnicity

SETTING THRESHOLDS

- **Thresholds (95%) listed in Eligibility file layout apply to combined direct and indirect data, not direct data alone**
- **No current threshold for direct REL reporting**
 - Benchmarking will be done based on 2013 and 2014 data
 - Improvement vs. absolute thresholds
 - Long-term goals

IMPUTATION METHODOLOGIES

- Current practices
- Validation studies
- Reporting requirements
- **Imputed REL data will not be publicly reported during benchmarking period and until quality of data is verified**

NEXT STEPS

- Submission Manuals for 2013 and 2014 to be released on November 21, 2013
- Ongoing engagement with carriers and role of REL workgroup
- Strategies for improving direct REL data collection
 - Campaigns
 - Self-insured employers
 - MHCC and State's role